Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only Standard Nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25747
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital — Length of stay in 1b: About 10 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam
c. CITY OR TOWN Unionville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Richland Township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Bertha Middle Louisa Last Wood

4. DATE OF DEATH Month July Day 27 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH October 5, 1880

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months 9 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John L. Loshbough

14. MOTHER'S MAIDEN NAME Phoebe Forsythe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 491-42-0200

17. INFORMANT Address Mr. Floyd Fuller Unionville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gastric Carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) not known
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Senility 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb. 1956 to 7-27-57 and last saw her alive on 7-27-57
Death occurred at 6:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. W. McDonald D.O. 2

22b. ADDRESS Unionville, Missouri

22c. DATE SIGNED 7/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7/31/57

23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery

23d. LOCATION (City, town, or county) (State) Unionville, Missouri

24. FUNERAL DIRECTOR Comstock Funeral Home By John M Comstock — ADDRESS Unionville, Mo.

25. DATE RECD. BY LOCAL REG. 8-3-1957

26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 38

P. O. Address Unionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.